## PART B - FEE(S) TRANSMITTAL

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| INSTRUCTIONS: This appropriate. All further indicated unless corrects maintenance fee notifica               | correspondence including the correspondence i | for transmitting the ISSI<br>ig the Patent, advance o<br>perwise in Block 1, by (                          | rders and notification of mail a) specifying a new corresponding                                                                                                                                                                                                                                                                                      | pondence address; a                                                                                                                                                                                                                                                                           | nd/or (b) indicating a ser                                                                                         | should be completed where<br>it correspondence address as<br>parate "FEE ADDRESS" for                                         |
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| CURRENT CORRESPONDENCE ADDRESS (Note: Use Block I for any change of address)                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                            |                                                                                                                                                                                                                                                                                                                                                       | Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission. |                                                                                                                    |                                                                                                                               |
| 29493                                                                                                        | 7590 03/04                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | /2008                                                                                                      | THE                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                               | icate of Mailing or Tran                                                                                           |                                                                                                                               |
| 190 CARONDE<br>SUITE 600                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | CC MAY 1                                                                                                   | 4 2008 I her State addr trans                                                                                                                                                                                                                                                                                                                         | eby certify that this<br>is Postal Service with<br>essed to the Mail S                                                                                                                                                                                                                        | Fee(s) Transmittal is bein<br>to sufficient postage for fi<br>top ISSUE FEE addres<br>0 (571) 273-2885, on the     | ng deposited with the United<br>irst class mail in an envelope<br>s above, or being facsimile                                 |
| ST. LOUIS, MC                                                                                                | 03103-3441                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                            |                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                               |                                                                                                                    | (Depositor's name)                                                                                                            |
|                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | RADE                                                                                                       | MARMSKI                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                               |                                                                                                                    | (Signature)                                                                                                                   |
|                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | _                                                                                                          | · .                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                               |                                                                                                                    | (Datc)                                                                                                                        |
| APPLICATION NO.                                                                                              | FILING DATE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                            | FIRST NAMED INVENTOR                                                                                                                                                                                                                                                                                                                                  | A                                                                                                                                                                                                                                                                                             | TTORNEY DOCKET NO.                                                                                                 | CONFIRMATION NO.                                                                                                              |
| 10/631,230 07/31/2003                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | George C. Lackey                                                                                           |                                                                                                                                                                                                                                                                                                                                                       | 74123-001                                                                                                                                                                                                                                                                                     | 1726                                                                                                               |                                                                                                                               |
| TITLE OF INVENTION                                                                                           | : APPARATUS AND M                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | ETHOD FOR SUPPOR                                                                                           | ್ಟ್ ಕರ್                                                                                                                                                                                                                                                                                                                                               | elge intersu coore<br>Fegg 782 eg                                                                                                                                                                                                                                                             | 6419 12532230<br>EA<br>06                                                                                          |                                                                                                                               |
| APPLN. TYPE                                                                                                  | SMALL ENTITY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | ISSUE FEE DUE                                                                                              | PUBLICATION FEE DUE                                                                                                                                                                                                                                                                                                                                   | PREV. PAID ISSUE I                                                                                                                                                                                                                                                                            | FEE TOTAL FEE(S) DU                                                                                                | E DATE DUE                                                                                                                    |
| nonprovisional                                                                                               | YES                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | \$720                                                                                                      | \$300                                                                                                                                                                                                                                                                                                                                                 | \$0                                                                                                                                                                                                                                                                                           | \$1020                                                                                                             | 06/04/2008                                                                                                                    |
| EXAMINER                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | ART UNIT                                                                                                   | CLASS-SUBCLASS                                                                                                                                                                                                                                                                                                                                        | i                                                                                                                                                                                                                                                                                             |                                                                                                                    |                                                                                                                               |
| CLEMENT, MICHELLE RENEE 3641                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                            | 042-094000                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                               |                                                                                                                    |                                                                                                                               |
| CFR 1.363).  Change of corresp Address form PTO/S  "Fee Address" inc PTO/SB/47; Rev 03-1 Number is required. | lication (or "Fee Address<br>D2 or more recent) attack                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | ange of Correspondence  " Indication form hed. Use of a Customer                                           | (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.  THE PATENT (print or type)                                        |                                                                                                                                                                                                                                                                                               |                                                                                                                    |                                                                                                                               |
| PLEASE NOTE: Un<br>recordation as set for<br>(A) NAME OF ASSI                                                | th in 37 CFR 3,11, Com                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | tified below, no assigner<br>pletion of this form is NO                                                    | e data will appear on the port a substitute for filing an (B) RESIDENCE: (CITY                                                                                                                                                                                                                                                                        | assignment.                                                                                                                                                                                                                                                                                   | •                                                                                                                  | document has been filed for                                                                                                   |
| Please check the appropr                                                                                     | riate assignee category or                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | r categories (will not be p                                                                                | printed on the patent):                                                                                                                                                                                                                                                                                                                               | Individual Con                                                                                                                                                                                                                                                                                | poration or other private g                                                                                        | group entity Government                                                                                                       |
| 4a. The following fee(s) Issue Fee Publication Fee (I Advance Order -                                        | No small entity discount                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                            | b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above)  A check is enclosed.  Payment by credit card. Form PTO-2038 is attached.  The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 08-3400 (enclose an extra copy of this form). |                                                                                                                                                                                                                                                                                               |                                                                                                                    |                                                                                                                               |
|                                                                                                              | itus (from status indicate<br>as SMALL ENTITY stat                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | •                                                                                                          | ☐ b. Applicant is no lon                                                                                                                                                                                                                                                                                                                              | ger claiming SMALI                                                                                                                                                                                                                                                                            | . ENTITY status. See 37                                                                                            | CFR 1.27(g)(2).                                                                                                               |
| NOTE: The Issue Fee ar                                                                                       | nd Publication Fee (if req<br>records of the United Sta                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | puired) will not be accept<br>ates Patent and Trademar                                                     | ed from anyone other than t<br>k Office.                                                                                                                                                                                                                                                                                                              | he applicant; a regist                                                                                                                                                                                                                                                                        | ered attorney or agent; or                                                                                         | the assignee or other party in                                                                                                |
| Authorized Signature                                                                                         | 1./                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                            |                                                                                                                                                                                                                                                                                                                                                       | Date May                                                                                                                                                                                                                                                                                      | 14, 2008                                                                                                           |                                                                                                                               |
| Typed or printed nan                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                            |                                                                                                                                                                                                                                                                                                                                                       | Registration No                                                                                                                                                                                                                                                                               |                                                                                                                    |                                                                                                                               |
| This collection of inform<br>an application. Confider<br>submitting the complete<br>this form and/or suggest | nation is required by 37 (<br>ntiality is governed by 35<br>d application form to the<br>tions for reducing this but                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | CFR 1.311. The informat<br>5 U.S.C. 122 and 37 CFR<br>e USPTO. Time will var<br>urden, should be sent to t | ion is required to obtain or a last 1.14. This collection is est y depending upon the individe Chief Information Office                                                                                                                                                                                                                               | retain a benefit by the<br>timated to take 12 mi<br>ridual case. Any com-<br>er, U.S. Patent and T                                                                                                                                                                                            | e public which is to file (a<br>inutes to complete, include<br>iments on the amount of<br>rademark Office. U.S. Do | and by the USPTO to process)<br>ling gathering, preparing, and<br>time you require to complete<br>epartment of Commerce, P.O. |

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